IHS Best Practice Model
Community Advocacy: Winning Support for Your Diabetes Program

Why is this important?

Community support is vital for your program's success. Involving tribal leaders, elders, religious or traditional leaders, people with diabetes, youth leaders, and community health representatives (CHRs) and other community advocatesis the best way to gain support for your program. Community members who are involved as partners, advocates, or participants in activities can help listen, influence, identify gaps, and find solutions to the many challenges in diabetes care. They can also help blend traditional or local ways of sharing information and learning with current science and medical knowledge. Honoring traditions and local knowledge can help protect and promote health for the entire community.

Do you need community support for your program?

Ask yourself: Are your activities or programs well attended? Do you consult community leaders or tribal elders about planning and scheduling activities? Have you developed linkages and partnerships within the community? The table below may give you some ideas about strengthening your ties with the community you serve.

Best principles of practice	Questions to ask yourself as you plan your program	Principles of Practice Found in Health Promotion Literature
The community must guide all aspects of the program (eg, planning, development, design, implementation, evaluation, maintenance). Steps to ensure this: • Listen to the community. What do they want? Hold public forums to find out. • Partnerships have to be at tribes' request & with their coordination. • Community identifies what they want –are the decision-makers	• How have you determined what your community wants? (public forums, town hall meetings, surveys, etc?) • How have you (or plan to) involved the community in planning? Development? Implementation? Evaluation? Maintenance? • What are your policies for partnerships?	• Effective interventions involve the participants in planning, implementation, & evaluation (Freudenberg, et al, 1995, p.297) • Social and interorganizational networks that build community capacity are characterized by: reciprocal links throughout the overall network, frequent supportive interactions, overlap with other networks within a community, the ability to form new associations, cooperative decision-making processes (Goodman, et al, 1998, p. 261) • Develop an action plan for bringing about community and systems change related to community-determined goals for health and development (Fawcett, et al, 2000, p. 176).
There must be participation at all levels of the community	• How have you invited participation from all levels? (youth, older people, schools, organizations, etc) • What benefits does the community	• Citizen participation that builds community capacity is characterized by a strong participant base, diverse network that enables different interests to take collective action, benefits overriding costs associated with participation, & citizen involvement in defining and resolving needs (Goodman, et al, p. 261). • Foster community participation in policy

	expect to receive? • How will you inform all community residents of your progress, concerns, challenges, etc? • How will you orient new people to the program?	development (Blackwell & Colemenar, 2000, p. 162)
The power must be shared in the community – to include both official (formal) and community (informal?) leaders.	• What ways do you have for collaborating with external (and internal) partners? -Memorandum of understanding • What barriers have you encountered or overcome? Ex. Privacy act • How has your program ensured connections to many diverse groups and organizations within the community? • How will you ensure open invitations for inclusion in the future?	• Leadership that builds community capacity is characterized by: inclusion of formal and informal leaders; providing direction and structure for participants; encouraging participation from a diverse network of community participants; implementing procedures for ensuring participation from all during group meetings and events; facilitating the sharing of information and resources by participants and organizations; shaping and cultivating development of new leaders; a responsive and accessible style; the ability to focus on both task and process details; receptivity to prudent innovation and risk taking; connectedness to other leaders (Goodman, et al, 1998, p. 261).
There should be no boundaries. A blended, integrated team approach is needed and it should include both traditional or local and medical knowledge (or ways of knowing).	• How will your program blend health care workers from all areas (hospital, clinics, CHRs, Headstart, etc)? • How will you honor local knowledge or traditions that help protect and promote health? • With broad participation, how will you ensure confidentiality of information?	• Strengthen communities holistically (Blackwell & Colemenar, 2000, p. 162). • Principles of health promotion practice: Effective interventions link participants' concerns about health to broader life concerns and to a vision of a better society (Freudenberg, et al, 1995, p. 297). • An indigenous, traditional perspective includes promotion of physical activity and running that serves to strengthen, spiritual, mental and physical health. This perspective offers guidance for a widened perception of life, health and well-being between the individual and the total physical and social environment, as well as the balance between man and the supernatural (Bird, 2001).
There has to be a vision – a shared vision – of what can happen.	• Describe the vision or goals your community wants to occur with the help of this program. • How was this vision identified? • How will your community's vision be kept alive? • How will you share the vision in the community?	• Effective interventions link participants' concerns about health to broader life concerns and to a vision of a better society (Freudenberg, et al, 1995, p. 297). • Refine and target the community's vision, mission, and objectives for community health & development (Fawcett, et al, 2000, p. 176). • Central to community building is developing a strategic vision and building the capacity to solve not only the problem at hand but new ones that arise (Blackwell & Colemenar, 2000, p. 162). • Community values are important in building community capacity and these values are characterized by: clearly defined norms, standards and attributes; consensus building about values

		(Goodman, et al, 1998, p. 262).
There must be high levels of trust between the community and the program staff.	• How can your program generate trust and confidence in its planning? Action? Processes? Outcomes?	• For building community capacity, there should be resources and these are characterized by: access and sharing of resources both internal and external to community, social capital, or the ability to generate trust, cooperation and confidence and existence of communication channels within and outside of community (Goodman, et al, 1998, p. 261).
Community champions are essential.	• How do you plan to identify and cultivate community champions? • How will you support your champions when they face challenges or discouragement?	• At every government level and in every community sector, there needs to be an individual or organization that serves as a champion of the effort, selling the concept and mobilizing citizens and organizations (Lee, et al, 2000, p. 137). • To promote sustainable programs cultivate a program champion (Paine-Andrews, et al, 2000, p. 249).
Community members should advocate for the rights of their people and their program.	• How do (will) people find opportunities to advocate for your program, your community? In what public forums?	• Effective interventions advocate for the resources and policy changes needed to achieve the desired health outcomes (Freudenberg, et al, 1995, p. 298). • Advocacy is an alternative to a "needs" models - based on a "rights" model of social responsibility. (Rappaport, 1981, p.16)
Programs should involve the tribal colleges where possible because they have great thinkers, present and future generations.	• Does your program have a local tribal college with which to work? • How have you involved the tribal college?	• Tribal colleges celebrate and help sustain American Indian traditions. • Tribal colleges provide essential services that enrich surrounding communities. • The colleges have centers for research and scholarship that directly benefit their communities' and tribes' economic, legal, and environmental interests. • There is strong evidence that indigenous leaders of the world are promoting the development of indigenously or tribally controlled colleges in their communities for compelling reasons including protecting their cultures, people, and homelands (Stein, 2001, p. 10)
Programs should focus on community strength and skills.	• How community has met challenges or accomplished goals in the past • Sources of community pride? • Who get things done in the community? • What is the nature of connectedness among neighbors (social capital)? • The level of trust between citizens and local government, social service institutions, etc? • What are your community values?	• Effective interventions build on the strengths found among participants and their communities (Freudenberg, et al, 1995, p. 298). • Community building starts with the process of locating the assets, skills, and capacities of residents, citizen associations, and local institutions – not a focus on a community's needs, problems or deficiencies (Kretzmann & McKnight, 1993). • As "assets" orientation to community building rather than a "problem-based" approach allows community members to identify, support, and mobilize existing community resources to create a shared vision of change, and encourages greater creativity when community members do address problems & obstacles (Sharpe, et al, 2000, p. 205).

	• What does the community think about health? • How will you help your community maintain the vision of resilience and strength in the face of diabetes challenges?	
Programs should build skills and leadership among their own community members.	• How will your program empower members of your community? o Resources developed? o People who will gain skills? (ex., CHRs, etc) o What skills? (advocacy, teaching, social support, community-building, etc?)	• Develop and support leadership within communities (Fawcett, et al, 2000, p. 177) • Effective interventions prepare participants to become leaders (Freudenberg, et al, 1995, p. 298). • Build local capacity for problem solving and build relationships between communities and resource institutions (Blackwell & Colmenar, 2000, p. 162).
Program planners should know their community	• How well known to your community's program planners is your community's history and culture? • How well known to your program planners are the community people? • How well known to your planners are the resources in the community?	• For capacity building, a sense of community is necessary and this is characterized by: high level of concern for community issues; respect, generosity, and service to others; sense of connection with the place and people; fulfillment of needs through membership (Goodman, et al, 1998, p. 261). • For building community capacity, an understanding of community history is necessary and this is characterized by: awareness of important social, political and economic changes that have occurred both recently or more distally; awareness of the types of organizations, community groups, and community sectors that are present; awareness of community standing relative to other communities (Goodman, et al, 1998, p. 261).
The program should be culturally meaningful and relevant to the community.	• How culturally appropriate is this proposal? • How are the activities tied to meaning and values in the community?	• Tailor programs to local conditions (Blackwell & Colemenar, 2000, p. 115)
Learning that is centered on Indian ways is important. • The timing of the program activities should be relevant to the community. Seasonal learning and activities are important in many communities. • Learning should involve all of the senses. Stories may be a valuable way to communicate and to	• Are there special times of the year your program will focus on learning? Healing? Planning? Restoration? • How will you plan activities according to seasons or events important to your people? • What special efforts has your program made to help people	• In a culture where words carry great power and to shape reality either positively or negatively, stories can allow the positive power of words to create a new empowering vision of the future and reshape the way one thinks about disease (Carter, Perez, & Gilliland, 1999, p. 181

listen.	learn in the way they know best?	
Reach people "where they are."	• How will your program reach people at all levels? • How has your program designed ways to reach people and followup with them in their homes (1:1)?	• Reaching people "where they are" is a key health promotion principle by Nyswander (Wang, 2000).
The program should have benefits for the investments made by people – reciprocity for all participants and partners.	• How have you designed a "win-win" (or benefits?) program for participants? Program planners? Other partners? • How will you recognize people for their participation, support, advocacy? • How will you continue to encourage partners and participants when the program experiences discouraging times?	• For building community capacity, leadership skills are needed and these are characterized by: ability to engage constructively in group process, conflict resolution, collection and analysis of assessment data, problem solving and program planning, intervention design and implementation, evaluation, resource mobilization, and policy and media advocacy, the ability to resist opposing or undesirable influences, ability to attain an optimal level of resource exchange (how much is being given and received) (Goodman, et al, 1998, p. 261). • For building community capacity, community power is necessary and this is characterized by: the ability to create or resist change re: community turf, interests, or experiences; power with others, not power over others (win-win); influence across a variety of domains or community contexts (Goodman, et al, 1998, p. 262). • It is important to recognize, honor, reward and celebrate exemplary local and regional efforts (Lee, et al, 2000, p. 137)
Accurate, reliable knowledge is needed and must be shared, along with power	• How will your program share knowledge gained? • How will you share power so that all participants can enjoy its progress? • How will you ensure confidentiality?	• For building community capacity, there should be resources that are characterized by: access and sharing of resources both internal and external to community, social capital, or the ability to generate trust, cooperation and confidence and existence of communication channels within and outside of community (Goodman, et al, 1998, p. 261).
Resources must be balanced and strong – (ex. if have equipment, have people skilled to use it)	• Do your program plans match your resources? • If not, can you advocate for or obtain the needed resources with collaboration with others?	• Secure and provide financial resources for those doing the work in local communities (Fawcett, et al, 1995, p. 178)
There should be a planning process used in the program's development	• What planning process will you use to guide development of this program?	• A planning process that includes evaluation from the beginning is most helpful. There are gaps in the knowledge base for community-based health education programs and the principles and techniques of social marketing may help bridge this gap (Lefebrve & Flora, 1988). • The PRECEDE-PROCEED model is another example - addresses categories of influencing factors that are: *predisposing*, including those factors that provide a motivation for certain

		behaviors, *enabling*, those factors that permit a motivation to be realized, and *reinforcing*, those that provide a continuing reward for a behavior (Daniel & Green, 1995).
Programs should be sustainable over time and shared with others.	• How will you set your program up so that it is expected to be ongoing – not dependent on continued funding? • How will you cultivate community champions to keep the program alive, even after the program is over? • How will you share your program with others? • How will you deal with issues of space, especially if your program grows?	• Effective interventions seek to institutionalize successful components and to replicate them in other settings (Freudenberg, et al, 1995, p. 298). • Effective interventions support the diffusion of innovation to a wider population (Freudenberg, et al, 1995, p. 298). • Promoting institutionalizing includes cultivating a program champion, assessing the "fit" with the program & granting institution, & recognizing the importance of program renewal, diffusion of effective innovations, and handing off innovations to other groups to promote institutionalization (Paine-Andrews, et al, 2000, p. 249). • Healthy communities must be both environmentally and socially sustainable (Hancock, 2000, p. 151).

What have we learned about gaining community support for diabetes-related programs?

- There should be no boundaries–the program should be broadly inclusive.
- The involvement of tribal colleges is needed, both for their resources and for their ability to interest talented personnel.
- Community buy-in is needed from the beginning. needed: technical assistance in evaluation of progress
- Health promotion program planning/process /framework is needed.
- It is important to plan ahead for adequate space and to consider environmental issues so that the program setting is pleasant and inviting.
- Community skill building is needed so that the program can be independent of the HIS and be self-sustaining.
- Key resource people should be identified.
- Consistent data systems are needed.
- Confidentiality and respect must be maintained.
- Program personnel should be aware of the most effective ways to communicate with their clients--Indian people communicate with the senses and relate to stories and storytelling.
- The program should have a plan for orientation of all new people and new providers – not only about diabetes but also about program plans and appropriate referral resources within the community.

What minimal data sets are needed about the community?

- Demographic data;
- Epidemiological data;
- Other available data such as a diabetes registry, rates of amputations or retinopathy, rate of childhood obesity.

- Community resources, including their location, and location of resource people;
- Outcomes measurement in evaluation;
- Community capacity assessment;
- Community stories and history;
- Resources available to individuals and families;
- Community assets assessment (from *Sharpe, et al, 2000*);
    - How community has met challenges or accomplished goals in the past;
    - Sources of community pride;
    - Who get things done in the community;
    - The nature of connectedness, cohesion, and affiliation among neighbors (social capital);
    - The level of trust between citizens and local government, business, financial, and social service institutions;
    - The array of community values and interest groups;
    - Perspectives on what constitutes a healthy community.

"The direction of change for chronic disease prevention can only come from within each community, by that community, and for that community. Community wellness begins at home. The menu cannot be dictated from behind (our) stethoscopes."

Mayer, Brown & Kelly, 1998. Of Maktuk and Men. Diabetes Spectrum 11(3): 141-143.
Mayer, p. 143

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